

**PROTESTANT CHAPLAIN (00109922)**



**SUPPLEMENTAL APPLICATION EXAMINATION**

**Please read and follow these instructions carefully**

This examination will consist of the attached Supplemental Application questionnaire, which will be used to evaluate your knowledge, experience, education, and training as they relate to the **Protestant Chaplain** classification. This supplemental application is the examination and will account for 100% of the weight of your examination score. It is required that you personally complete this Supplemental Application accurately and without assistance. The information you provide will be rated based on objective criteria created by Subject Matter Experts. The rating will be used to determine your final score in this examination.

To obtain a position on the eligible list a minimum score of 70% must be attained. Names of successful competitors will be merged onto the eligible list based on their final scores and that list will be used by the California Department of Veterans Affairs to fill existing positions at the **Veterans Homes of California – West Los Angeles**.

The instructions below should be read carefully and understood before completing this examination. Failure to do so may result in an inability to process your Supplemental Application and disqualification from this examination. Do not attach any additional documents, e.g., resume, to this Supplemental Application.

All information provided on this Supplemental Application questionnaire will be subject to verification at any time during the examination process, hiring process, and after gaining employment. Anyone who misrepresents their experience will be subject to adverse consequences which could include removal from the examination process and certification list and loss of State employment. Please read and sign the affirmation below:

**THIS AFFIRMATION MUST BE COMPLETED**

**Government Code Section 18935:**

“The board may refuse to examine or, after examination, may refuse to declare as an eligible or may withhold or withdraw from certification, prior to appointment, anyone who comes under any of the following categories:

- j. Has intentionally attempted to practice any deception or fraud in his or her application in his or her examination or in securing his or her eligibility.”

I hereby certify and understand that the information provided by me on this questionnaire is true and complete to the best of my knowledge and contains no willful misrepresentation or falsifications. I also understand that if it is discovered that I have made any false representations, I will be removed from the eligible list resulting from this examination and may not be allowed to compete in future examinations for State employment. If already hired from the result of this examination, I may have adverse action taken against me, which could result in dismissal.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME (PRINTED): \_\_\_\_\_

**YOUR COMPLETED SUPPLEMENTAL APPLICATION MUST INCLUDE YOUR ORIGINAL SIGNATURE**

**MAILING INSTRUCTIONS:**

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to the address listed below. You may download a copy of the State application from the State Personnel Board's web site at:

<http://www.spb.ca.gov/jobs/stateapp.htm>.

**MAIL COMPLETED  
STD. 678 AND  
SUPPLEMENTAL  
APPLICATION TO:**

**DEPARTMENT OF VETERANS AFFAIRS  
1227 O STREET, ROOM 404  
SACRAMENTO, CA 95814  
ATTENTION: GLAVC EXAM**

**NOTE:**

- Facsimiles (FAX) or email applications will **NOT** be accepted under any circumstances.
- Make and keep a photocopy of the completed Supplemental Application for your records.
- Be sure to enter your name in the space provided on EACH PAGE.

## SECTION I – MINIMUM QUALIFICATIONS

*All competitors must meet the minimum qualifications before they will be admitted into the examination. Please ensure that your state application (STD Form 678) clearly indicates your education, experience, and any other qualifying information along with your signature. In addition, please respond to the following questions in Section 1 regarding your qualifications.*

**A. Are you currently ordained, duly accredited by, and in good standing with a nationally recognized Protestant denomination?** ☐ Yes ☐ No

If Yes, please indicate the Protestant denomination from which you received your ordination, and include issue date and expiration date, if applicable:

Protestant Denomination: \_\_\_\_\_

Issue date: \_\_\_\_\_

**B. Have you completed education that is equivalent to graduation from college (i.e., 4 year bachelor's degree from an accredited school) *with a minimum of 12 semester units in counseling, psychology or a related field*?** ☐ Yes ☐ No

If Yes, please indicate the name and location of the University or College you attended, the number of Quarter and/or Semester units completed, any Diploma/Degree received, Date completed (if applicable), and the minimum number of units completed in counseling, psychology and/or a related field

University or College: \_\_\_\_\_

Diploma/Degree Received: \_\_\_\_\_ Date: \_\_\_\_\_

Total Units: ☐ Semester \_\_\_\_\_ ☐ Quarter \_\_\_\_\_

Counseling Units: ☐ Semester \_\_\_\_\_ ☐ Quarter \_\_\_\_\_

Psychology Units: ☐ Semester \_\_\_\_\_ ☐ Quarter \_\_\_\_\_

Related Field: ☐ Semester \_\_\_\_\_ ☐ Quarter \_\_\_\_\_

If Related Field(s), please specify: \_\_\_\_\_

**C. Have you completed any graduate degree work beyond graduation from college in counseling, psychology, or a related field?** ☐ Yes ☐ No

If Yes, please indicate the field of study, name and location of the graduate school, the number of Quarter and/or Semester graduate units completed, any Diploma/Degree received, and Date completed (if applicable).

Graduate School: \_\_\_\_\_

Diploma/Degree Received: \_\_\_\_\_ Date: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Graduate Units: ☐ Semester \_\_\_\_\_ ☐ Quarter \_\_\_\_\_

## SECTION I – MINIMUM QUALIFICATIONS, Continued

**D.** Have you completed twelve months or four quarters of full-time resident clinical pastoral education certified by the Association for Clinical Pastoral Education? ☐ Yes ☐ No

If Yes, please indicate the name and location of the ACPE certified program or center and the number of units or months completed:

Program or Center: \_\_\_\_\_

Total Units completed: \_\_\_\_\_ or Months completed: \_\_\_\_\_

**E.** Have you completed the equivalent of two years or more of full-time supervised clinical or field training in pastoral care, social work, psychology, counseling and guidance or other related field?

☐ Yes ☐ No

If Yes, please indicate type of training, dates and place of training, hours per week, and contact name/phone number.

Type of Training: ☐ Pastoral Care ☐ Social Work ☐ Psychology ☐ Counseling

☐ Related Field - *Please specify:* \_\_\_\_\_

Dates of Training: *From (MM/DD/YY):* \_\_\_\_\_ *To (MM/DD/YY):* \_\_\_\_\_

Place of Training: *Facility / Location:* \_\_\_\_\_ *Hours per week:* \_\_\_\_\_

*Contact Name:* \_\_\_\_\_ *Contact Phone:* \_\_\_\_\_

**F.** Do you have two or more years of experience following ordination in one or a combination of the following:

A. As a chaplain in the armed services, or in a public or private institution. ☐ Yes ☐ No # Years \_\_\_\_

B. As either a minister or assistant minister of a church or missionary. ☐ Yes ☐ No # Years \_\_\_\_

C. As a minister in a specialized field such as a church and community, counseling, guidance, or education. ☐ Yes ☐ No # Years \_\_\_\_

**NOTE:** If Yes, please ensure that your state application (STD Form 678) clearly indicates your experience related to A, B, and/or C and includes "to" and "from" dates (MM/DD/YY), hours worked, job title, name/location of workplace, supervisor contact information, and duties performed.

*Continue on next page*

**SECTION II – KNOWLEDGE AND ABILITY:** *To respond appropriately, select the option from the scale following each numbered item that most closely represents your knowledge and ability. Select only one box per numbered item.*

**1. Knowledge of human development, particularly of aberrant behavior and the elements of emotional maturity**

- ☐ a. I have no or a limited amount of this knowledge
- ☐ b. I possess this knowledge but have not applied it in an actual work setting
- ☐ c. I possess this knowledge and have applied it in an actual work setting under close supervision
- ☐ d. I possess this knowledge and have applied it in an actual work setting under normal supervision
- ☐ e. I have used this knowledge to train or provide consultation to others

**2. Knowledge of the purposes of mental and behavioral institutions**

- ☐ a. I have no or a limited amount of this knowledge
- ☐ b. I possess this knowledge but have not applied it in an actual work setting
- ☐ c. I possess this knowledge and have applied it in an actual work setting under close supervision
- ☐ d. I possess this knowledge and have applied it in an actual work setting under normal supervision
- ☐ e. I have used this knowledge to train or provide consultation to others

**3. Ability to provide Protestant religious services and instruction in ethics, religion and sacred music**

- ☐ a. Limited ability (would require comprehensive training to perform activity)
- ☐ b. Some ability (would require on-the-job training to perform activity)
- ☐ c. Average ability (could perform activity with guidance)
- ☐ d. Very good ability (could perform activity independently)
- ☐ e. Excellent ability (could provide training or guidance to others)

**4. Ability to counsel community members/residents and their families on moral and ethical problems**

- ☐ a. Limited ability (would require comprehensive training to perform activity)
- ☐ b. Some ability (would require on-the-job training to perform activity)
- ☐ c. Average ability (could perform activity with guidance)
- ☐ d. Very good ability (could perform activity independently)
- ☐ e. Excellent ability (could provide training or guidance to others)

**5. Ability to establish rapport with community members/residents from a variety of denominational backgrounds**

- ☐ a. Limited ability (would require comprehensive training to perform activity)
- ☐ b. Some ability (would require on-the-job training to perform activity)
- ☐ c. Average ability (could perform activity with guidance)
- ☐ d. Very good ability (could perform activity independently)
- ☐ e. Excellent ability (could provide training or guidance to others)

**6. Ability to analyze situations accurately in order to adopt an effective course of action**

- ☐ a. Limited ability (would require comprehensive training to perform activity)
- ☐ b. Some ability (would require on-the-job training to perform activity)
- ☐ c. Average ability (could perform activity with guidance)
- ☐ d. Very good ability (could perform activity independently)
- ☐ e. Excellent ability (could provide training or guidance to others)

**SECTION III –TRAINING AND EXPERIENCE:** *To respond appropriately, select the option from the scale following each numbered item that most closely represents your training and experience. Select only one box per numbered item.*

**7. Prepare and conduct Protestant religious services**

- ☐ a. I have no education, training, or experience with this task
- ☐ b. I have had education or training on this task, but no application on the job
- ☐ c. I have performed this task on the job under normal supervision
- ☐ d. I have performed this task on my own, following special guidelines or procedures
- ☐ e. I have been consulted as an expert in performing this task

**8. Provide prayer and memorial services**

- ☐ a. I have no education, training, or experience with this task
- ☐ b. I have had education or training on this task, but no application on the job
- ☐ c. I have performed this task on the job under normal supervision
- ☐ d. I have performed this task on my own, following special guidelines or procedures
- ☐ e. I have been consulted as an expert in performing this task

**9. Administer the Sacraments and other Protestant religious rites**

- ☐ a. I have no education, training, or experience with this task
- ☐ b. I have had education or training on this task, but no application on the job
- ☐ c. I have performed this task on the job under normal supervision
- ☐ d. I have performed this task on my own, following special guidelines or procedures
- ☐ e. I have been consulted as an expert in performing this task

**10. Organize and administer classes and/or study groups in Protestant religion, ethics, sacred music**

- ☐ a. I have no education, training, or experience with this task
- ☐ b. I have had education or training on this task, but no application on the job
- ☐ c. I have performed this task on the job under normal supervision
- ☐ d. I have performed this task on my own, following special guidelines or procedures
- ☐ e. I have been consulted as an expert in performing this task

**11. Through visitation, provide spiritual guidance and support to community members/residents who are ill**

- ☐ a. I have no education, training, or experience with this task
- ☐ b. I have had education or training on this task, but no application on the job
- ☐ c. I have performed this task on the job under normal supervision
- ☐ d. I have performed this task on my own, following special guidelines or procedures
- ☐ e. I have been consulted as an expert in performing this task

**12. Counsel community members/residents on ethical, moral and religious issues**

- ☐ a. I have no education, training, or experience with this task
- ☐ b. I have had education or training on this task, but no application on the job
- ☐ c. I have performed this task on the job under normal supervision
- ☐ d. I have performed this task on my own, following special guidelines or procedures
- ☐ e. I have been consulted as an expert in performing this task

## SECTION II – TRAINING AND EXPERIENCE (Continued)

### 13. Counsel the families of community members/residents on the challenges involved in rehabilitation

- ☐ a. I have no education, training, or experience with this task
- ☐ b. I have had education or training on this task, but no application on the job
- ☐ c. I have performed this task on the job under normal supervision
- ☐ d. I have performed this task on my own, following special guidelines or procedures
- ☐ e. I have been consulted as an expert in performing this task

### 14. Provide consultation to staff in responding to complaints and other issues in the workplace

- ☐ a. I have no education, training, or experience with this task
- ☐ b. I have had education or training on this task, but no application on the job
- ☐ c. I have performed this task on the job under normal supervision
- ☐ d. I have performed this task on my own, following special guidelines or procedures
- ☐ e. I have been consulted as an expert in performing this task

### 15. Evaluate the religious needs of community members/residents and make recommendations

- ☐ a. I have no education, training, or experience with this task
- ☐ b. I have had education or training on this task, but no application on the job
- ☐ c. I have performed this task on the job under normal supervision
- ☐ d. I have performed this task on my own, following special guidelines or procedures
- ☐ e. I have been consulted as an expert in performing this task

### 16. Establish and maintain effective working relationships utilizing tact and interpersonal skills

- ☐ a. I have no education, training, or experience with this task
- ☐ b. I have had education or training on this task, but no application on the job
- ☐ c. I have performed this task on the job under normal supervision
- ☐ d. I have performed this task on my own, following special guidelines or procedures
- ☐ e. I have been consulted as an expert in performing this task

### 17. Direct and coordinate programs with religious and allied groups for community members/residents

- ☐ a. I have no education, training, or experience with this task
- ☐ b. I have had education or training on this task, but no application on the job
- ☐ c. I have performed this task on the job under normal supervision
- ☐ d. I have performed this task on my own, following special guidelines or procedures
- ☐ e. I have been consulted as an expert in performing this task

### 18. Perform various administrative duties (e.g., reports, correspondence, logs, records, etc.)

- ☐ a. I have no education, training, or experience with this task
- ☐ b. I have had education or training on this task, but no application on the job
- ☐ c. I have performed this task on the job under normal supervision
- ☐ d. I have performed this task on my own, following special guidelines or procedures
- ☐ e. I have been consulted as an expert in performing this task

#### I CERTIFY THAT ALL ANSWERS ARE TRUE AND COMPLETE.

I UNDERSTAND THAT IF I DO NOT MEET THE LEGAL MINIMUM QUALIFICATIONS OR JOB REQUIREMENTS FOR THIS CLASSIFICATION, I MAY BE REMOVED FROM THE EXAMINATION OR MY NAME MAY BE WITHHELD FROM THE CERTIFICATION LIST.

PRINT NAME

SIGNATURE

DATE

By signing above, I hereby certify that all the information provided for this examination is true and complete to the best of my knowledge, and that if I have not met the legal minimum qualifications for this classification, I will be removed from the examination when this fact is determined. I understand that if this examination is not completed correctly, it will not be processed. I understand that I am responsible for the correctness of my responses in this examination.

**THIS COMPLETES THE SUPPLEMENTAL APPLICATION. SEE COVER PAGE FOR PROPER RETURNING AND MAILING PROCEDURES.**